

CATERER NOTIFICATION FORM

To: Carlisle Board of Health
66 Westford Street
Carlisle, MA 01741

From: _____
Name and Company

Address

City/Town, State, ZIP

Telephone Number

In accordance with 105 CMR 590.009A Caterers, we wish to notify you that we plan to cater a function within your jurisdiction.

Date: _____

Time: _____

Location: _____

Menu: _____

Approximate Number of People: _____

A copy of our caterer's permit from _____ is enclosed.
(city/town of base operation)

Signature

Date